

**RELINQUISHMENT****Out of State  
(Alleged Natural Father)**

Upper Section of this Form is to be completed and Signed by  
California Agency Prior to Sending Out of State.

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_,

the \_\_\_\_\_

AGENCY NAME

hereby signifies its willingness to accept the annexed relinquishment  
and to accept the said minor child for adoption.

By \_\_\_\_\_

AUTHORIZED AGENCY OFFICIAL

I, \_\_\_\_\_, having been alleged

to be the father of \_\_\_\_\_, a minor \_\_\_\_\_ child,

SEX

born \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

do hereby relinquish the said child for adoption to: \_\_\_\_\_

☐

AGENCY NAME

☐

CALIFORNIA STATE DEPARTMENT OF SOCIAL SERVICES

ADDRESS

ADDRESS

CITY

STATE

CITY

STATE

TELEPHONE NUMBER

TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. I fully understand that when this relinquishment is filed with the headquarters office of the California Department of Social Services--Adoptions Branch by said agency, all my rights to the custody, services and earnings of the said child and any responsibility for the care and support of the said child will be terminated.

Date \_\_\_\_\_

ALLEGED NATURAL FATHER

The foregoing instrument was signed on \_\_\_\_\_ by the said \_\_\_\_\_

DATE

\_\_\_\_\_ in the presence of us,  
who have signed the same as witnesses thereto.

WITNESS

WITNESS

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, before me, \_\_\_\_\_

an authorized official of the \_\_\_\_\_

an organization licensed or otherwise approved to provide adoption services under the laws of \_\_\_\_\_,

STATE

personally appeared \_\_\_\_\_ known to me to be the person whose name is  
subscribed to the within instrument and acknowledged to me that he executed the same.

AUTHORIZED AGENCY OFFICIAL

TITLE